## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Farha	MI	OFFICE USE ONLY
	NICKNAME LAST Ahmed	SUFFIX	Date Received 64/05/18
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	04/05/18 2:17 p.m. PLH
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Mand-delivered or Pate Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mrs. Dianne	MI	Receipt # Amount \$
INAME	NICKNAME LAST Wilson	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / S	SUITE #: CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 X 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before eld	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 02 / 20 / 2018	THROUGH 03	Day Year / 26 / 2018
11 ELECTION		ELECTION TYPE  Runoff Other Description  Special Uniform	n election - May
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (# known) Sugar Land City C	Ouncil - At Large Position 2
	<b>GO TO</b>	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

			· · · · · · · · · · · · · · · · · · ·	
14 C/OH NAME	Farha Ahmed		<b>15</b> File	er ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAM	ME	
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER AD	DRESS	
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 C S, LOANS, OR GUARANTEES OF LOA	OR LESS (OTHER THAN ANS), UNLESS ITEMIZED	\$ 54.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARA	INTEES OF LOANS)	\$ 860.00
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 (	OR LESS,	\$
	4. TOTAL POLITICAL EXPENDITURES			\$ 5806.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD			\$
OUTSTANDING LOAN TOTALS	6. TOTAL F	RINCIPAL AMOUNT OF ALL OUTSTAN Y OF THE REPORTING PERIOD	DING LOANS AS OF THE	\$ 5,000,00
18 AFFIDAVIT				
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Notary Public, State of Texas My Commission Expires August 11, 2018  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.				
			Signature of Candidate	or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE			
Sworn to and subsc	ribed before me	ov the said FARHA AHMG	D	this the 5th
day of April		o certify which, witness my hand		_, this the
Contra S. Edward Correr S. Edwards Notary Public				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)
	Farha Ahmed	,
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 860.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	X SCHEDULE E: LOANS	\$ 5,000.00
5. 	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS \$ 5,806,89
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	AL CONTRIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	FUNDS \$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	O A BUSINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIER RETURNED TO FILER	BUTIONS \$

MONET	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Farha Ahmed	3 Filer ID (Ethics Commission Filers)
4 Date 03.05.18	5 Full name of contributor	7 Amount of contribution (\$) \$ 185.00
8 Principal occu Retired	upation / Job title (See Instructions)  9	nstructions)
Date 03.05.18	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occup	pation / Job title (See Instructions)  Researcher  The search of the sea	nstructions)
Date 03.05.18	Full name of contributor out-of-state_PAC (ID#:	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)  Restaurant Owner  Employer (See In Self employed	nstructions)
Date 03.01.18	Full name of contributor	Amount of contribution (\$)
Principal occup	ception / Job title (See Instructions)  CPA  Employer (See Instructions)  Self	istructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	AS NEEDED Idonal reporting requirements.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Farha Ahmed	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) \$250.00
Date  Full name of contributor  Munawar Baseer Ahmad  O3.03.18  Contributor address;  City; State; Zip Code	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Employer (See Instruct Consultant Retired	ions)
Date  Full name of contributor  Abul Qasim Maudoodi  03.03.18  Contributor address;  City; State; Zip Code	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Employer (See Instruct Attorney	ions)
Date  Full name of contributor  Gout-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional :	EDED

MONE	TARY POLITICAL CONTRIBUTI	SCHEDOLE A
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Farha Ahmed	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
3, 25.18	Mumtaz Zaman 6 Contributor address; City; State; Zip Co	# 100.00
8 Principal occu	pation / Job title (See Instructions)  9 Empk	oyer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
•	Contributor address; City; State; Zip Co	
Principal occup	eation / Job title (See Instructions) Emplo	eyer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Coo	
Principal occup	eation / Job title (See Instructions) Emplo	yer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Cod	• · · · · · · · · · · · · · · · · · · ·
Principal occup	ation / Job title (See Instructions) Emplo	yer (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCI if contributor is out-of-state PAC, please see instruction guid	HEDULE AS NEEDED le for additional reporting requirements.

Forms provided by Texas Ethics Commission

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Revised 9/8/2015

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

m. 1 Total pages Schedule A2:
3 Filer ID (Ethics Commission Filers)
BUTIONS \$
8 Amount of 9 In-kind contribution Contribution \$ description  #82,29 Food for Coffee even  Check if travel outside of Texas. Complete Schedule T.
11 Employer (FOR NON-JUDICIAL) (See Instructions)
13 Contributor's job title (FOR JUDICIAL) (See Instructions)
15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
Amount of In-kind contribution description  Contribution \$ In-kind contribution  Contribution \$ In-ki
Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's job title (FOR JUDICIAL) (See Instructions)
Law firm of contributor's spouse (if any) (FOR JUDICIAL)
THIS SCHEDULE AS NEEDED

LOANS			SCHEDULE E
The	e Instruction Guide explains how to con	mplete this form.	1 Total pages Schedule E:
2 FILER NAME	Farha Ahmed		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UI	NITEMIZED LOANS		\$
5 Date of loan 03/05/18	7 Name of lender out-of-sta	tate PAC (ID#:)	9 Loan Amount (\$) 5,000.00
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
YN			11 Maturity date
Attorney	tion / Job title (See Instructions)	13 Employer (See Instructions) Self employed	
14 Description of Col	lateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable		State; Zip Code	•
20 Principal Occupa	ation (See Instructions)	21 Employer (See Instructions)	J
Date of loan	Name of lender	ate PAC (IDF:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
YN		!	Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal funds were of account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable Principal Occupation	ion (See Instructions)	Employer (See Instructions)	
lf le	ATTACH ADDITIONAL C	COPIES OF THIS SCHEDULE AS NE instruction guide for additional re	:EDED

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee

**Event Expense** Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraleing Expense Transportation Equipment & Relat Travel In District ed Expense Travel Out Of District

Legal Services Credit Card Payment Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schodule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Farha Ahmed 4 Date 5 Payee name 03.13.18 Office Depot/Office Max 6 Amount (\$) 7 Payee address; City; State; Zip Code \$153.16 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** \_\_\_ Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Office Supplies - folders/envelopes/binders/ printer ink/sharpies/paper 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03.12.18 Eric W. Pohl Photography | Design Amount (\$) Payee address; City; State; Zip Code \$ 428.00 Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Advertising Expense-Logo Design Li Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Pavee name 03.16.18 **Evin Thayer Studio** Amount (\$) Payee address; City; State; Zip Code \$609.45 Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Advertising Expense - Photography Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	Fe Fo Gi al Committee Le	vent Expense es od/Beverage Expense ft/Awerds/Mernorials Expense gal Services The Instruction Guide explai	Loan Repayments Office Overhead/ Polling Expense Printing Expense Salaries/Wages/ Its how to comple	Rental Expense Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:					3 Filer ID (Ethics Commission Filers)
4 Date 3/19/18	5 Payee name	Office Der	oot		
6 Amount (\$)	7 Payee addre	ss; City; State; 2	Zip Code		
# 56.02					
8	(a) Category (Se	e Categories listed at the top of this	schedule) (b)	Description	
PURPOSE OF EXPENDITURE	Copies	:/Ifandouts		Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
O Complete ONUM # #		duerhsing		or wice	
Complete ONLY if direct expenditure to benefit C/OF	Candidate	/ Officeholder name		Office sought	Office held
Date	Payee name				
3.22.18		FAST Signos	•		
Amount (\$)	Payee addres	ss; City; State; Z	ip Code		
\$ 138.56					
PURPOSE OF EXPENDITURE	Adver	e Categories listed at the top of this s		Check if Austin	tside of Texas. Complete Schedule T.  TX, officeholder living expense  - Yard SIYNS (X Y)
Complete ONLY if direct expenditure to benefit C/OH		Officeholder name	<del></del>	ffice sought	Office held
Date	Payee name				
3/13/18		fice Depot			
Amount (\$)	Payee addres	s; City; State; Z	ip Code		
# 153,16					
PURPOSE OF EXPENDITURE		Categories listed at the top of this s	1 -		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate /	Officeholder name	0	office sought	Office held
	ATTACI	ADDITIONAL COPIES	OF THIS SCHE	DULE AS NEE	DED

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	-	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made & Candidate/Officeholder/Politic Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling El by Gilf/Awards/Memorials Expense Printing E	ixpense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)	
4 Date 3, 23, 18	5 Payee name Right On the Mone	<u></u>		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
#2236.56				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
Purpose Of	Advertising	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	[]	· - , ,	, TX, officeholder living expense	
		Political	Signs	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3.23 18	Drogin Group			
Amount (\$)	Payee address; City; State; Zip Code		***	
A 2,000.00				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertsing	Check if Austin.	trice of Texas. Complete Schedule T.  TX, officeholder living expense  14/Marketing	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3.21.18	Mail Chimp			
Amount (\$)	Payee address; City; State; Zip Code			
\$ 31.98				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  QC VQ ( +1 51 MG)	Check if Austin,	side of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONEY IS all	Condidate / Office ball	eblast		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	